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## \*BIBDATASHEET\*

CONFIRMATION NO. 5973

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/700,949	<b>FILING OR 371(c) DATE</b> 10/31/2003 <b>RULE</b>	<b>CLASS</b> 135	<b>GROUP ART UNIT</b> 3637	<b>ATTORNEY DOCKET NO.</b> 98-1608	
<b>APPLICANTS</b> Martha Thrower, Hopewell Junction, NY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/02/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Martha Thrower 4676 albany post rd apt. 8 b2 hyde park ,NY 12538					
<b>TITLE</b> FOOT MOBILITY AID					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		